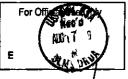
U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 8989	2 Fiscal Year Covered From
·	1 / 1 / 2004 Through 12 / 31 / 2004
Name and address of person filing	4 Name, file number, and address of labor organization
Name Kenneth Rigmaiden	Name International Union of Painters & Allied Trade
	Labor Organization File Number 000-035
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 1750 New York Avenue, N.W	Street 1750 New York Avenue, N W
City Washington	City Washington
State District of Columbia , ZIP Code +4 20006-	State District of Columbia ZIP Code + 4 20006-5301
Position in labor organization	Dragidant
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in A Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in A Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or its Name and address of Employer (including trade name, if any)	your spouse or minor child directly or Indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of ganization represents or is actively seeking to represent
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or is Name and address of Employer (including trade name, if any) Name	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of ganization represents or is actively seeking to represent
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in A Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or is Name and address of Employer (including trade name, if any) Name	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of ganization represents or is actively seeking to represent
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or is Name and address of Employer (including trade name, if any) Name	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of ganization represents or is actively seeking to represent
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in A Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or is Name and address of Employer (including trade name, if any) Name	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of ganization represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg , Room No , if any	your spouse or minor child directly or Indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of ganization represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or S. Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg , Room No , if any Street	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of ganization represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in A Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or it is Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street	your spouse or minor child directly or Indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of ganization represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income 7 b Amount
Executive General Vice Enter appropriate data below if, during the past fiscal year, you or (except as specified in A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or Name and address of Employer (including trade name, if any) Name Trade Name, if any PO Box, Bldg, Room No, if any Street City ZIP Code + 4	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions) with, or derived income or other economic benefit of ganization represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income

Date

Telephone Number

Name of Person Filing Kenneth Rigmaiden	File Number U-
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise
8 Name and address of Business (including trade name, if any) Name Jennings Sigmond Trade Name, if any P O Box, Bldg , Room No , if any 16th Floor Street 510 Walnut Street City Philadelphia State Pennsylvania ZiP Code + 4 19106-3683	9 Business deals with a Labor Organization b Trust c Employer
	11 a Nature of such dealing
10 If 9 b or 9 c is checked give trust or employer's name Name IUPAT Industry Pension Fund	Business provides legal services to affiliated pension fund
Trade Name, if any	Filer is a trustee
P O Box, Bldg , Room No , if any	
Street 1750 New York Avenue, N W	11 b Approximate dollar value of such dealing \$450,449
City Washington State District of Columbia ZIP Code + 4 20006	12 a Nature of Interest held or income received Christmas Present - Sweets Basket
	12 b Amount \$200
	12 b Amount \$200
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name	
Trade Name, if any	1
P O Box, Bldg , Room No , if any	
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment

Name of Person Filing Kenneth Rigmaiden	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name Kelly Press, Inc Trade Name, if any P O Box, Bidg, Room No, if any Street 1701 Cabin Branch Drive City Cheverly State Maryland ZIP Code + 4 20785	9 Business deals with X a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name Trade Name, if any P O Box, Bldg , Room No , if any	Business provides printing services and materials to labor organization In 2004, provided convention services			
Street	11 b Approximate dollar value of such dealing \$1,570,879			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	1/14/04, lunch, \$128 30 4/28/04, lunch, \$33 81 11/25/04, gift(turkey), \$33.50 12/25/04, gift(turkey), \$33 50			
	12 b Amount \$229			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment			

Name of Person Filing Kenneth Rigmaiden	File Number U-
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business wely seeking to represent, or directly to, or otherwise
8 Name and address of Business (including trade name, if any) Name Novak/Francella	9 Business deals with X a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name Trade Name, if any P O Box, Bldg , Room No , if any	Business provides accounting services to labor organization
Street!	11 b Approximate dollar value of such dealing \$95,777
City State ZIP Code + 4	12 a Nature of interest held or income received 8/4/04, meal, \$36 44
	12 b Amount \$36
C Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name Trade Name, if any	
P O Box, Bldg , Room No , if any Street City TIP Code + 4	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment

Name of Person Filing Kenneth Rigmaiden		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name Dickstein Shapiro Morin & Oshinsky LLP Trade Name, if any P O Box, Bldg, Room No, if any Street 2101 L Street, N W City Washington State District of Columbia ZIP Code + 4 20037	9 Business deals with X a Labor Organizat b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deals			
Name Trade Name, if any P O Box, Bldg , Room No , if any	Business provides organization	legal services to	o labor	
Street	11 b Approximate dollar valu	e of such dealing	\$247,276	
City	12 a Nature of interest held	for income received		
State ZIP Code + 4	Christmas Gift - B	ottle of Wine, \$	90	
	12 b Amount		\$90	
	12 D Amount			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name	1		<u> </u>	
Trade Name, if any				
P O Box, Bidg , Room No , if any Street	1			
State ZIP Code + 4	1			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing Kenneth Rigmaiden	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name Harbaugh Hotel Management Company Trade Name, if any	a Labor Organization			
P O Box, Bldg , Room No , if any	c Employer			
Street 1600 North Indian Canyon Drive				
City Palm Springs State California ZIP Code + 4 92262				
10 if 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name IUPAT Industry Pension Fund	Business provides hotel services to affiliated pension fund			
Trade Name, if any				
P O Box, Bidg , Room No , if any	'			
Street 1750 New York Avenue, N W	11 b Approximate dollar value of such dealing \$4,432			
City Washington	12 a Nature of interest held or income received			
State District of Columbia ZIP Code + 4 20006	5/10/04, hospitality comp refreshments, \$56			
	Filer is a trustee			
	12 b Amount \$56			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
- 1				
P O Box, Bldg , Room No , if any				
P O Box, Bldg , Room No , if any Street				

Name of Person Filing Kenneth Rigmaiden	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name IUPAT Industry Pension Fund Trade Name, if any P O Box, Bidg, Room No, if any Street 1750 New York Avenue, N.W City Washington State District of Columbia ZiP Code + 4 20006	9 Business deals with X a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name	Affiliated Pension Fund - dealing consists of shared costs			
Trade Name, if any	Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund			
P O Box, Bldg , Room No , if any	with expenses incurred on behalf of the fund			
Street	11 b Approximate dollar value of such dealing \$839,191			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	1/21/04, meal, \$48 67 2/4/04, meal, \$88 57 3/28/04, meal, \$95 84 5/12/04, meal, \$72 51 8/15/04, meal, \$107 64 8/20/04, meal, \$98.88 9/11/04, meal, \$107.21			
	12 b Amount \$619			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bidg , Room No , if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment			

Name of Person Filing Kenneth Rigmaiden	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name IUPAT Industry Pension Fund Trade Name, if any PO Box, Bldg , Room No , if any Street 1750 New York Avenue, N W City Washington State District of Columbia ZiP Code + 4 20006	9 Business deals with X a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	11 a Nature of such dealing Affiliated Pension Fund - dealing consists of shared costs Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund. 11 b Approximate dollar value of such dealing \$839,191 12 a Nature of interest held or income received 9/14/04, meal, \$65 26			
	10/13/04, meal, \$56.70 11/3/04, meal, \$213.75 12/10/04, meal, \$74 45 12 b Amount \$410			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any	1			
P O Box, Bidg , Room No , if any Street				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment			

Name of Person Filling Kenneth Rigmaiden	THE NUMBER O-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Industry Pension Fund	x a Labor Organization			
Trade Name, if any	b Trust			
P O Box, Bldg , Room No , if any	c Employer			
Street 1750 New York Avenue, N W				
City Washington				
State District of Columbia ZIP Code + 4 20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name _	Affiliated Pension Fund - dealing consists of shared costs.			
Trade Name, if any	Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund			
P O Box, Bidg , Room No , if any	with expenses incurred on behalf of the fund			
Street	11 b Approximate dollar value of such dealing \$839,191,			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	Paid directly to hotel(s) for meals 1/25/04, meal, \$28 47 1/27/04, meal, \$167 17 9/13/04, meal, \$71 34			
	12 b Amount \$267			
	12 b Amount \$267			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street				
Crty				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Fulling Kenneth Rigmaiden	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Industry Pension Fund	X a Labor Organization			
Trade Name, if any	b Trust			
P O Box, Bldg , Room No , if any	c Employer			
Street 1750 New York Avenue, N W				
City Washington				
State District of Columbia ZIP Code + 4 20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name _	Affiliated Pension Fund - dealing consists of shared, costs.			
Trade Name, if any	Filer is a trustee All payments are in connection with expenses incurred on behalf of the fund			
P O Box, Bidg , Room No , if any				
Street	11 b Approximate dollar value of such dealing \$839,191			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	Paid directly to hotel(s) for lodging 1/25-1/30, 6 nights, \$2830.50 5/10-5/14, 5 nights, \$802 70 9/12-9/14, 3 nights, \$511 50			
	12 b Amount \$4,145			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name !	t t			
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street	•			
City				
State ZIP Code + 4				

Name of Person Filing Kenneth Rigmaiden		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name IUPAT Joint Apprenticeship Training Fund Trade Name, if any P O Box, Bldg, Room No, if any Street 1750 New York Avenue, N W. City Washington State District of Columbia ZiP Code + 4 20006	9 Business deals with A Labor Organizat b Trust c Employer	tion		
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any	11 a Nature of such deals Affiliated apprent shared costs		ealing consists of	
City State ZIP Code + 4	11 b Approximate dollar value 12 a Nature of interest held 2/5/04, meal, \$35 2/5/04, meal, \$238 2/6/04, meal, \$32 2/6/04, meal, \$31 2/7/04, meal, \$28 2/7/04, meal, \$41 2/7/04, meal, \$58	20 40 42 58 73	\$271,319	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant?	14 b Panount or payment			

Name of Person Filing Kenneth Rigmaiden	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any) Name IUPAT Joint Apprenticeship Training Fund Trade Name, if any PO Box, Bldg Room No if any Street 1750 New York Avenue N.W City Washington ZIP Code + 4 20006	9 Business deals with X a Labor Organization D Trust C Employer			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name Trade Name, if any P O Box, Bldg , Room No , if any	Affiliated apprenticeship fund - shared costs	dealing consists of		
Street	11 b Approximate dollar value of such dealing	\$271,319		
State ZIP Code + 4	12 a Nature of interest held or income received 2/4-2/7, lodging, \$1707 57 4/26/04, meal, \$36 36 10/6/04, meal, \$34 15 10/21/04, meal, \$67 33 7/23/04, hotel, \$603 23 17/23/04, meal, \$195			
	12 b Amount	52 644		
	15 V AHOUR	\$2,644		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	-		
Name	i			
	1			
P O Box, Bldg , Room No , if any ,				
City	'	1		
State ZIP Code + 4	1	- 1770 77 - 1770 - V 1770 - 1 AMAIN - AMAIN - 1771 (AMAIN AMAIN)		
13 b 1s the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing Kenneth Rigmaiden		File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Labor Management Cooperation Initiativ	a Labor Organiza	tion		
Trade Name, if any	□ b Trust			
P O Box, Bldg , Room No , if any	c Employer			
Street 1750 New York Avenue, N W.				
City Washington				
State District of Columbia ZIP Code + 4 20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name	Affiliated labor management fund - dealing consists of shared costs.			
Trade Name, if any		All payments are in connection rred on behalf of the fund		
P O Box, Bldg , Room No , if any				
Street	11 b Approximate dollar value of such dealing \$226,441			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	2/1-4/04, hotel, \$ 2/1/04, meal, \$171 2/2/04, meal, \$41 2/3/04, meal, \$35 5/13/04, meal, \$11 5/13/04, meal, \$12 6/23/04, meal, \$87	. 68 22 01 9.75 7 73		
	12 b Amount	\$2,277		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing Kenneth Rigmaiden	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name, if any)	9 Business deals with			
Name IUPAT Labor Management Cooperation Initiativ	X a Labor Organ,zation			
Trade Name, if any	b Trust			
P O Box, Bidg , Room No , if any	c Employer			
Street 1750 New York Avenue, N W	, business , y			
City Washington				
State 'District of Columbia ZIP Code + 4 20006				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name :	Affiliated labor management fund - dealing consists , of shared costs			
Trade Name, if any	Filer is a trustee All payments an			
P O Box, Bldg , Room No , if any	with expenses incurred on behalf of	: the fund		
Street	11 b Approximate dollar value of such dealing	\$226,441		
City	12 a Nature of interest held or income received			
State ZIP Code + 4	9/10/04, meal, \$127.73 9/10-11/04, meal, \$524 90 12/17/04, meal, \$61 95			
	12 b Amount	\$715		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment			
Name				
Trade Name, if any				
P O Box, Bldg , Room No , if any	1			
Street				
City		 		
State ZIP Code + 4				
13 b 1s the Business an Employer or Consultant	14 b Amount of payment			
	· · · · · · · · · · · · · · · · · · ·			

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.

Kameth Rigmain 15 august 2005